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CENTRAL FAX CENTER**OCT 10 2006****FAX TRANSMISSION****DATE:** October 10, 2006**PTO IDENTIFIER:** Application Number 10/803,973-Conf. #006496
Patent Number**Inventor:** Tse-Hsiang HSU et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** BIRCH, STEWART, KOLASCH & BIRCH, LLP

Joe McKinney Muncy

PHONE: (703) 205-8026**Attorney Dkt. #:** 3722-0185PUS1**PAGES (Including Cover Sheet):** 14**CONTENTS:** Fee Transmittal (1 page)
Amendment in Response to Non-Final Office Action (9 pages)
Amendment Transmittal (1 page)
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
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BIRCH, STEWART, KOLASCH & BIRCH, LLP

8110 Gatehouse Road, Suite 100 East, P.O. Box 747, Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 **Facsimile:** (703) 205-8050

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PTO/SB/87 (09-04)
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Application No. (if known): 10/803,973

Attorney Docket No.: 3722-0185PUS1

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on October 10, 2006
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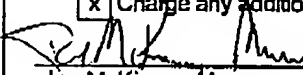
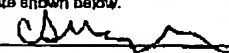
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AMENDMENT TRANSMITTAL LETTER				Docket No. 3722-0185PUS1	
Application No. 10/803,973-Conf. #006496		Filing Date March 19, 2004		Examiner Tri T Ton	
Art Unit. 2877					
Applicant(s): Tse-Hsiang HSU et al.					
Invention: AUTOMATIC POWER CONTROLLER					
MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	9	- 20 =	0	x 50.00	0.00
Independent Claims	1	- 3 =	0	x 200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month					120.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					120.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ <u>120.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Joe McKinney Muncy Attorney Reg. No.: 32,334				Dated: <u>October 10, 2006</u>	
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747					
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Dated: October 10, 2006		Signature:  (Christine Magulas)			

OCT 10 2006

PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032

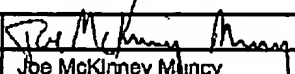
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

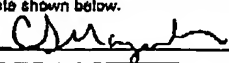
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2003 (H.R. 4318). FEE TRANSMITTAL For FY 2005		Complete If Known Application Number: 10/803,973-Conf. #006496 Filing Date: March 19, 2004 First Named Inventor: Tse-Hsiang HSU Examiner Name: Tri T Ton Art Unit: 2877 Attorney Docket No.: 3722-0185PUS1	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 120.00			

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kofasch & Birch, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
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FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims 0 - 20 = 0		Extra Claims 0	Fee (\$) 50.00	Fee Paid (\$) 0.00	Multiple Dependent Claims		
					Fee (\$)	Fee Paid (\$)	
Indep. Claims 0 - 3 = 0		Extra Claims 0	Fee (\$) 200.00	Fee Paid (\$) 0.00			
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).							
Total Sheets _____	Extra Sheets _____	Number of each additional 50 or fraction thereof _____	Fee (\$) _____	Fee Paid (\$) _____			
_____ - 100 = _____ / 50		(round up to a whole number) x _____ = _____					
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1251 Extension for response within first month							120.00

SUBMITTED BY			
Signature: 	Registration No. (Attorney/Agent): 32,334	Telephone: (703) 205-8026	
Name (Print/Type): Joe McKinney Marney		Date: October 10, 2006	

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